FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		See instructions)	ION		
1. NAME OF COMMITTEE (in	(Chec	k if name	Example: If typying, type over the lines	12FE4M5	Office use only
ı Leadership in	the New Century (LINC	CPAC)			
	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1-1-1-1			
ADDRESS (number and	street) 124 West (	Capitol Avenu	e 		
(Check if addr	Suite 630				
is changed)	Little Rocl	<u> </u>		LAR L	72201
COMMITTEE'S E-MA	II ADDDECC	CIT	Υ▲	STATE▲	ZIP CODE 📥
steve@cdpstr					ı
1					
		ш			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N 5015370191	NUMBER				
2. DATE 0.1	M / D D / Y Y 20	<b>0</b> 7			
3. FEC IDENTIFICA	ATION NUMBER	C	C00366179		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exam	ined this Statement and to the I	pest of my knowled	ge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer Steve	Patterson			
Signature of Treasure	Electronically Filed by	Steve Patters	on	Date 01	/ 30 / Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete in		ject the person signing this Sta		es of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	<del></del>		
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate			
	Candidate Office Party Affiliation Sought: House Senate President	State District		
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate			
		mocratic, ublican,etc.) Party.		
	(e) This committee is a separate segregated fund			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party		
6.	Name of Any Connected Organization or Affiliated Committee			
l	_none	<b>.</b> 1		
	Mailing Address			
	Mailing Address	1		
		11		
	CITY▲ STATE▲ Z	IP CODE A		
	Relationship			
	Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organizatio	n		
	Membership Organization Trade Association Cooperative			

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٧	Vrite or Type Committee Name					
	Leadership in the New Cent	tury (LINCPAC)				
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
	Full Name Steve Patte	erson				
	Mailing Address	124 West Capitol Ave	enue			
		Suite 630				
		Little Rock	AR	<b>72201</b>		
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
	Treasurer		<b>501</b> Telephone number	537 0190		
	of Treasurer Steve Patte  Mailing Address	124 West Capitol Ave	enue			
		Little Rock	AR	<b>72201</b> _		
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A		
	Treasurer		Telephone number 501	537 0190		
	Full Name of Designated Agent					
	Mailing Address					
	_					
	Title or Position ♥	CITY A	STATE A	ZIP CODE A		
			Telephone number			

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9.	Banks or Other Do safety deposit boxe Name of Bank, Dep	tes or maintains funds.	ents
	Mailing Address	Summit Bank  11121 North Rodney Parham	
		Little Rock     AR     72212	
		CITY A STATE A ZIP COL	_

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Banks or Other Depositor safety deposit boxes or main		other depositories in which the o		
Name of Bank, Depository,	etc.		[ 4	ADDITIONAL ]
	ed Bank  1875 I Street,  Washington	NW  CITY	DC STATE 4	20006   -
Name of Any Connected	Organization or Affilia	ited Committee	[,	ADDITIONAL ]
Mailing Address				
	1			
		CITY▲	STATE 🛦	ZIP CODE A
Relationship				
Type of Connected Organiz	zation:			
Corporation		Corporation w/o Capital Stoc	k Labor Orga	nization
Membership Orga	anization	Trade Association	Cooperative	)

Designated Agent		[ ADDITIONAL ]
Full Name		
Title or Position ♥	CITY A	
	Te	elephone number = =